

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

8316 62-033010
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registrar District No.

318
FILED AUG 31 1962

Primary Registration District No.

1003

Registrar's No.

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

9/7/62

3/26/92 & Illinois

8, 11 3/26/1890 & St. Louis, Mo.

Own birth record

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN ST LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1		d. STREET ADDRESS (If outside, give location) 1600 S. 14 ST.	
3. NAME OF DECEASED (Type or print) First OLIVE Middle Last WATTS		4. DATE OF DEATH Month August Day 24 Year 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1890 3-26-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
13a. FATHER'S NAME ARTHUR J. LR. FORCE		13b. MOTHER'S MAIDEN NAME SALENA MILLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		17. INFORMANT 1 GERTRUDE FOX-AMHURST	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) D. S. H. D. WITH MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) 420.0 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 8-23-62 to 8-24-62 and last saw her alive on 8-24-62 Death occurred at 10:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. E. Dunning (Degree or title) 22b. ADDRESS 1515 Lafayette Avenue 22c. DATE SIGNED 8-24-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE AUG 27 1962	23c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY ST LOUIS MO	
24. FUNERAL DIRECTOR Klingermuehle 3819 S Grand	25. DATE OF DEATH AUG 27 1962		

Brittingham

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George King Burmable

Licensed Embalmer No.

4611

P. O. Address

St Louis 18 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.